

# **EXHIBIT I-A**

**Additional Provisions  
For  
Aging and Disability Resource Centers  
In  
Counties or Service Areas  
Where A Care Management Organization Is Operating  
of the  
CONTRACT  
between  
DEPARTMENT OF HEALTH AND FAMILY SERVICES  
DIVISION OF DISABILITY AND ELDER SERVICES  
and  
AGING and DISABILITY RESOURCE CENTER of  
«COUNTY»COUNTY**

**January 1, 2006 – December 31, 2006**

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## **EXHIBIT I-A**

### **Additional Provisions for Resource Centers In Counties Or Service Areas Where A Care Management Organization Is Operating**

#### **I. INTRODUCTION**

##### **A. Purpose**

The provisions in this Exhibit apply only to those Aging and Disability Resource Centers located in counties or service areas where the Family Care benefit is available and there is a Care Management Organization (CMO) operating. Requirements established by Exhibit I-A are in addition to the requirements established for all Aging and Disability Resource Centers by the provisions in Exhibit I. Exhibit I-A follows the same numbering system as that used in Exhibit I. While all topics covered in Exhibit I are listed in Exhibit I-A, additional language is included only for those where additional requirements apply.

##### **B. Populations to be Served**

No additional requirements apply.

##### **C. Service to be Provided Within Limits of Funding Availability**

No additional requirements apply.

##### **D. Phase-in of Requirements**

No additional requirements apply.

#### **II. SERVICES TO BE PROVIDED BY THE AGING AND DISABILITY RESOURCE CENTER**

##### **A. Marketing, Outreach and Public Education**

1. The Aging and Disability Resource Center shall give all hospitals and long-term care facilities in its county or service area informational materials describing the services of the Aging and Disability Resource Center so that these hospitals and facilities can share these materials with the individuals whom they refer to the Aging and Disability Resource Center for preadmission consultation.
2. If Aging and Disability Resource Center marketing activities are developed in collaboration with the Care Management Organization, a marketing plan and materials shall be submitted to and pre-approved by the Department consisted with

the provisions of Article II.A of the CMO's Health and Community Supports Contract with the Department.

## **B. Information and Assistance**

The Aging and Disability Resource Center shall make its information and assistance services available for at least eight hours a day Monday through Friday and for at least 10 additional hours a month at times it determines to be most convenient for the public.

## **C. Long-Term Care Options Counseling**

### *1. When to Offer Long-Term Care Options Counseling and the Functional Screen*

The Aging and Disability Resource Center shall offer options counseling and administration of the long-term care functional screen to persons who are referred by a hospital, nursing home, assisted living or other long-term care facility for preadmission consultation.

### *2. Making Contact with the Individual*

#### *a. Timeline for Making Contact*

The Aging and Disability Resource Center shall attempt to make contact with the individual or with one or more people who know or might know about the individual's situation within five (5) business days of whichever of the following dates applies:

- i. The date on which the Aging and Disability Resource Center receives a request or expression of interest from the individual, or from someone acting for the individual, for long-term care options counseling and the functional screen or for access to the Family Care benefit.
- ii. The date on which the Aging and Disability Resource Center receives a referral of the individual from a hospital or a long-term care facility.
- iii. The date on which the Aging and Disability Resource Center determines that the individual might benefit from receiving long-term care options counseling and the functional screen.

#### *b. When Contact Not Made*

If the Aging and Disability Resource Center is unable to make contact with the individual or with one or more people who have or might have knowledge of the individual's situation within five (5) business days of the appropriate date

described in Subsection 1 of this section, the Aging and Disability Resource Center shall send a letter to the individual, the guardian of the person of the individual or the person with an activated power of attorney for health care for the individual, offering to give the individual long-term care options counseling and the functional screen and inviting the individual to contact the Aging and Disability Resource Center at any time in the future to discuss the individual's situation and long-term care options. If the individual or person acting for the individual does not respond to this letter within twenty (20) business days of the date on which the letter was sent, the Aging and Disability Resource Center need not make any further efforts to contact the individual.

c. When Adult Relative Indicates Individual Not Interested in Long-Term Care Options Counseling or the Functional Screen

If, before making contact with an individual who has neither a guardian of the person nor a person with an activated power of attorney for health care, the Aging and Disability Resource Center makes contact with one of the individual's adult relatives and if this relative indicates that the individual is not interested in receiving long-term care options counseling and the functional screen, the Aging and Disability Resource Center may, but need not, continue to attempt to make contact with the individual or with one or more people who know or might know about his or situation. If the Aging and Disability Resource Center does not continue to attempt to make contact or does continue to attempt to make contact but is unable to make contact within five (5) business days of the appropriate date described in Subsection 1 of this section, the Aging and Disability Resource Center shall send a letter to the individual offering to give the individual long-term care options counseling and the functional screen and inviting the individual to contact the Aging and Disability Resource Center at any time in the future to discuss the individual's situation and long-term care options. If the individual or a person acting for the individual does not respond to this letter within twenty (20) business days of the date on which the letter was sent, the Aging and Disability Resource Center need not make any further efforts to contact the individual.

3. *Making Offer to Give Individual Long-Term Care Options Counseling and the Functional Screen*

a. Timing of Offer to Individual Who Has No Guardian or Person With an Activated Power of Attorney

Once the Aging and Disability Resource Center makes contact with an individual who has come to the attention of the Resource Center in any of the circumstances and for any of the reasons described in this section and who has no guardian of the person or person with an activated power of attorney for health care or once the Resource Center makes contact with one or more people who know about the individual's situation, the Resource Center shall assess the individual's situation in order to determine when would be the best time to make the offer of long-term care options counseling and the functional screen to the individual. In assessing the individual's situation in order to make this determination:

- i. The Aging and Disability Resource Center need not make contact with the individual provided that it makes contact with one or more people who know about the individual's situation; and
- ii. The Aging and Disability Resource Center shall consider factors such as whether the individual's physical health, state of mind, and psychological outlook is such that the individual is capable of understanding the offer and evaluating the merits of accepting or refusing it, whether or to what degree the individual wants to consult with or is in the habit of consulting with adult relatives or friends before making any important decision affecting his or her future, and so on, and shall give whatever factors it does considers a weight dependent on the circumstances of the individual's situation.

b. Topics to Cover When Making Offer

When the Aging and Disability Resource Center makes an offer to the individual or to the guardian of the person of the individual or to a person with an activated power of attorney for health care for the individual to give the individual long-term care options counseling and the functional screen, the Aging and Disability Resource Center shall do the following:

- i. Explain the purpose of this counseling and this screen and indicate the topics that they will cover;
- ii. Explain how this screen will be given;
- iii. Explain that this counseling and this screen will be given to the individual at a time and place that is convenient for him or her;
- iv. Explain that the individual may, but is not required to, have other people present at this counseling and this screen in order to help him or her provide or obtain information about the topics covered by this counseling and this screen; and
- v. Explain that there is no legal obligation that the offer to give the individual this counseling and the offer to give him or her this screen be accepted and that both offers may be accepted or refused or one offer may be accepted but the other refused.

4. *Timelines for LTC Options Counseling and the Functional Screen*

The Aging and Disability Resource Center shall provide long-term care options counseling to, and/or shall give the functional screen to, any individual who has accepted the offer of this counseling and/or the offer of this screen in accordance with the following provisions:

a. Goal for Completing Counseling and/or Screening

The Aging and Disability Resource Center shall complete long-term care options counseling and/or the functional screen for the individual within ten (10) business days of the date on which the individual accepts the offer of this counseling and/or this screen. This goal need not be met if the individual requests a delay or if the individual has an unstable medical condition that makes it impossible for health care professionals to accurately predict the individual's long-term care needs or if the Aging and Disability Resource Center does not have all the data that is necessary for health care professionals to accurately predict the individual's long-term care needs.

b. Goal When Individual Requests Delay

If the individual requests a delay in the completion of long-term care options counseling and/or the functional screen, the Aging and Disability Resource Center shall arrange with the individual a time when it would be convenient for the individual to have the Aging and Disability Resource Center complete this counseling and/or this screen.

c. Goal When Individual has Unstable Medical Condition

If the individual has an unstable medical condition, the Aging and Disability Resource Center shall make arrangements with the individual or with a person acting for the individual to make contact with the individual once the individual's medical condition stabilizes in order to find a time when it would be convenient for the individual to have the Aging and Disability Resource Center complete this counseling and/or this screen.

d. Goal When Necessary Data is Lacking

If the Aging and Disability Resource Center does not have all the data that is necessary for health care professionals to accurately predict the individual's long-term care needs, the Resource Center shall complete long-term care options counseling and the functional screen as soon as possible after the Resource Center has all of this data.

e. Priorities for Completing Counseling and/or Screening

While the Aging and Disability Resource Center shall comply with the ten (10) business day goal referred to in Subsection 4. a of this Section, unless an exception mentioned in Subsections 2-4 of this section applies, the Resource Center shall prioritize its completion of long-term care options counseling and/or the functional screen for individuals according to the immediacy of their needs for long-term care benefits and services, where such immediacy shall be determined by a number of factors, including, but not limited to, the likelihood that an individual will need to move out of the individual's home or to a more restrictive setting if the individual does not receive long-term care benefits and services.



## *5. Standards for Content of LTC Options Counseling*

### *a. Provision of Unbiased Information*

When the Aging and Disability Resource Center provides long-term care options counseling to the individual, it shall make sure that this counseling is appropriate to the needs of the individual for long-term care benefits and services and does not attempt to persuade the individual to choose to enroll in Family Care or participate in any particular long-term care program or system.

### *b. Status of Enrollment In Care Management Organizations*

The status of enrollment in care management organizations through which people receive the Family Care benefit when enrollment in these organizations is limited due to the implementation of phased in enrollment plans for these organizations.

## *6. Long-Term Care Financial Options Counseling*

### *a. Required Offer of the Form or Use of the Web-Based Tool*

The Aging and Disability Resource Center shall ask individuals for whom it provides long-term care options counseling and/or administers a functional screen whether they want to complete a long-term care financial options counseling form or web-based tool. The Aging and Disability Resource Center shall:

- i. Use the long-term care financial options counseling form or web-based tool provided by the Department.
- ii. Inform the individual that:
  - a) Use of the long-term care financial options counseling form is optional and will not affect the individual's eligibility for Medicaid, Family Care or other programs.
  - b) The purpose of having the individual complete the long-term care financial options counseling form is to give the Aging and Disability Resource Center enough information about the individual's financial situation to make a preliminary and unofficial estimate as to whether the individual might be financially eligible for Medicaid, Family Care, or other long-term care programs.
  - c) The county economic support unit will need to determine the individual's financial eligibility for Medicaid, Family Care, or other long-term care programs, regardless of the outcome of the long-term care financial options counseling form.
  - d) The individual may request that the county economic support unit officially determine his or her financial eligibility for Medicaid, Family

Care or other long-term care programs even when the results of the long-term care options counseling form suggest that the individual might not be financially eligible for these programs.

- iii. Help individuals complete the financial options counseling form if they so choose.
- iv. Permit family members, friends or others to assist an individual in completing the financial options counseling form by providing information about, and/or obtaining information for, the individual to the extent and in the manner desired by the individual.

b. Optional Offer of the Form

The Aging and Disability Resource Center may offer the financial options counseling form to individuals who have refused the offer of long-term care options counseling and/or the offer of the functional screen.

7. *Qualifications for Staff Administering the LTS Functional Screen*

Aging and Disability Resource Center staff who provide long-term care options counseling and/or administer the functional screen shall meet the requirements in Section III.D of Exhibit I, pass the post-test designed by the Department and be certified as a functional screener by the Department before being allowed to administer the functional screen.

8. *Policies and Procedures Concerning Functional Screen Quality*

The Aging and Disability Resource Center shall develop and implement Department-approved policies and procedures to ensure the accuracy and timeliness of all of the functional screens done by the Aging and Disability Resource Center.

a. Required Policies and Procedures

These policies and procedures shall include provisions for the Aging and Disability Resource Center to do at least all of the following:

- i. Designate a staff member who meets all of the requirements to be a screener described in Section II.C.7 of this Exhibit to be a screen lead and have this screen lead;
  - a) Act as the liaison between the Department and the Aging and Disability Resource Center with respect to all of the issues involving the quality of the screens done by the Resource Center;
  - b) Attend all of the screen lead meetings held by the Department; and
  - c) Randomly sample completed screens to make sure that they are accurate and complete.

- ii. Have all of the screeners read and follow all of the instructions for the functional screen issued by the Department and all of the updates issued by the Department to these instructions;
  - iii. Train, mentor, and monitor new screeners;
  - iv. Work with the Department to maintain an accurate, complete, and up-to-date list of all of the staff members who are screeners;
  - v. Consult with the Department about cases where it is proving unusually difficult for the Aging and Disability Resource Center to complete an accurate screen on an individual or to interpret all or part of a completed screen;
  - vi. Have the screen lead and other screeners participate in all of the training on the screen that the Department requires them to participate in;
  - vii. Have all of the screeners complete at least once during the effective term of this contract the hypothetical case scenario exercise that the Department creates and discuss with the Department what changes, if any, it might need to make in the way that it ensures the accuracy and thoroughness of the screens done by its screeners if the Department concludes, after reviewing the results of this exercise, that there are or may be problems in these areas and communicates this conclusion to it; and
  - viii. Discuss with the Department what changes, if any, it might need to make in the way that it does its screening if the Department concludes, after analyzing data from screens that the Aging and Disability Resource Center has done, that there are or may be problems with the way it is doing its screening and communicates this conclusion to it in the quarterly reports or in the annual report that the Department prepares on screen data and sends to the resource centers or in any other way at any other time.
- b. Deadlines for Submission and Approval of Policies and Procedures  
The Aging and Disability Resource Center and the Department shall observe the following deadlines for the submission and approval of the Aging and Disability Resource Center's policies and procedures concerning the quality of the screens that it does.
- i. The Aging and Disability Resource Center shall submit these policies and procedures to the Department no later than February 28, 2006.

- ii. No later than forty (40) calendar days after the Aging and Disability Resource Center submits these policies and procedures, the Department shall review them and shall notify the Resource Center whether it approves them in whole or in part. If and when the Department notifies the Resource Center that it approves them in part, it shall also notify the Resource Center of how the Resource Center needs to change their policies and procedures to make them comply with the requirements of this contract.
  - iii. In the event that the Department does notify the Aging and Disability Resource Center that the Aging and Disability Resource Center needs to change these policies and procedures to make them comply with the requirements of this contract, the Aging and Disability Resource Center shall resubmit them with the requested changes to the Department no later than fifteen (15) calendar days after being notified by the Department of the need to change them. The Department shall notify the Aging and Disability Resource Center whether it approves these policies and procedures with the requested changes no later than fifteen (15) calendar days after receiving them with the requested changes.
- c. Plans of Correction  
 The Aging and Disability Resource Center shall submit to the Department for its approval plans of correction concerning the way its screeners perform their screening in the following circumstances and according to the following provisions.
  - i. If the average score for all of the screeners at the Aging and Disability Resource Center on the hypothetical case scenario exercise that the screeners complete at least once during the effective term of this contract is below 70 on the module on activities of daily living or on the module on instrumental activities of daily living or on the module on health-related services, the Aging and Disability Resource Center shall submit a plan of correction indicating how it will attempt to improve its screeners' screening. The fact that the Aging and Disability Resource Center engages in the sort of discussions with the Department referred to in Subsection a, Paragraph vii of this section shall not relieve it of the requirement to submit a plan of correction pursuant to this paragraph, though such discussions may be regarded, at the Department's sole discretion, as part of the Aging and Disability Resource Center's plan of correction.
  - ii. If the average score for all of the screeners at the Aging and Disability Resource Center on the hypothetical case scenario exercise that the screeners complete at least once during the effective term of this contract is 70 or above on any one of the three screen modules referred to in Paragraph i of this Subsection but the actual score of one or more screeners is below 70 on any one of these three screen modules, the Aging and Disability Resource Center shall submit a plan of correction indicating how it will attempt to improve this

screener's or these screeners' screening. The fact that the Aging and Disability Resource Center engages in the sort of discussions with the Department referred to in Subsection a, Paragraph vii of this section shall not relieve it of the requirement to submit a plan of correction pursuant to this Paragraph ii, though such discussions may be regarded, at the Department's sole discretion, as part of the Aging and Disability Resource Center's plan of correction.

- iii. If the Department becomes convinced for any reason, including, but not limited to, an analysis of data from screens that the Aging and Disability Resource Center has done on actual individuals or a comparison of such data with data provided by a CMO on the same individuals, that there are or may be problems with the way one or more of the screeners at the Aging and Disability Resource Center is administering the screen, the Department may, at its sole discretion, require the Aging and Disability Resource Center to submit a plan of correction indicating how it will attempt to improve this screener's or these screeners' screening. The fact that the Aging and Disability Resource Center engages in the sort of discussions with the Department referred to Subsection a, Paragraph vii of this section shall not relieve it of the requirement to submit a plan of correction pursuant to this paragraph, though such discussions may be regarded, at the Department's sole discretion, as part of the Aging and Disability Resource Center's plan of correction.
- iv. In the event that the Aging and Disability Resource Center is required to submit a plan of correction pursuant to Paragraphs i, ii, or iii of this Subsection c, the Department shall discuss with the Aging and Disability Resource Center the goals of the plan as well as the ways to reach these goals. The Department shall also discuss with the Aging and Disability Resource Center how and when it will be determined that the Aging and Disability Resource Center has fulfilled its obligations under the plan of correction. Finally, the Department shall discuss with the Aging and Disability Resource Center when to set the deadline for the Aging and Disability Resource Center's initial submission of the plan, the deadline for the Department's review of the plan initially submitted, and the deadlines for any subsequent submissions and reviews. If the Department and the Aging and Disability Resource Center are unable to agree on any of these matters, the Department shall decide them on its own and as it deems best. Once the Department approves a plan of correction, the Aging and Disability Resource Center shall implement any and all of its provisions.

#### **D. Elderly Benefits Counseling**

No additional requirements apply.

#### **E. Disability Benefits Counseling**

No additional requirements apply.

## **F. Access to Long-Term Care Services**

### *1. Family Care Access Plan*

#### **a. Performance Goal**

Aging and Disability Resource Centers in those counties or service areas where a CMO is or will be operating shall have a process for ensuring access to the Family Care benefit that works for consumers, county agencies, enrollment consultants, and the Department.

#### **b. Development and Implementation of Family Care Access Plan**

If the Aging and Disability Resource Center serves a county or service area where a CMO is operating on the effective date of this contract, the Aging and Disability Resource Center shall develop and implement a Department-approved plan to ensure that people who are eligible for and entitled to the Family Care benefit have access to this benefit. When the Aging and Disability Resource Center submits its Family Care access plan to the Department, it shall include copies of all forms, letters, notices, overviews, summaries, and similar documents that will be used in the plan and shall indicate which of these will be given or sent from giver or sender to recipient on paper via regular U. S. Mail or interdepartmental mail, which will be sent via fax or e-mail, and which will be shared on a computer network.

#### **c. General Goals of the Family Care Access Plan**

The Family Care access plan shall be consistent with the requirements found in this Exhibit I-A. The goals of this plan shall be to ensure that:

- i. The determination of an individual's entitlement to the Family Care benefit and an individual's enrolling in a CMO are both done in an accurate, efficient, and timely manner.
- ii. The following two things will both happen no later than thirty (30) calendar days immediately after the date on which an individual first officially applies for the Family Care benefit and/or Medicaid (the Medicaid application filing date):
  - a) A determination will be made as to whether or not the individual is eligible for and entitled to the Family Care benefit and/or Medicaid; and
  - b) An effective date of enrollment in a CMO will be established and entered in the Client Assistance for Re-employment and Economic Support (CARES) system for any individual who is eligible for and entitled to the Family Care benefit and/or Medicaid and who decides to enroll in a CMO (while the effective date of enrollment must be established and entered in CARES no later than thirty (30) calendar days immediately after the

application date, the effective date of enrollment may actually be more than thirty (30) calendar days immediately after the application date).

- iii. The processes whereby an individual's entitlement to this benefit is determined and the processes whereby an individual is enrolled in a CMO are as helpful and predictable for the individual as possible.
- iv. The number of people with whom an individual is required to interact during these processes is as small as possible.
- v. An individual always knows whom to contact when he or she has questions about these processes.
- vi. There is agreement among the Aging and Disability Resource Center, the Economic Support Unit, the enrollment consultant, and the CMO as to how they will work together to identify and resolve any problems with these processes that delay either the determination of an individual's eligibility for and entitlement to the Family Care benefit or the individual's enrolling in a CMO.

d. Specific Requirements for Family Care Access Plan

The Family Care access plan shall include:

- i. An eligibility and entitlement determination plan that is developed jointly with the Economic Support Unit, and the CMO and that:
  - a) Specifies the roles of the Aging and Disability Resource Center, the Economic Support Unit, and the CMO in determining for the first time an individual's functional eligibility, financial eligibility, and cost share for, and entitlement to, the Family Care benefit and describes the processes and the forms, if any, that will be used to determine an individual's entitlement to the Family Care benefit.
  - b) Specifies that an individual need not sign an Enrollment Form before the individual's eligibility for and entitlement to the Family Care benefit is determined but may do so if he or she wants to do so and describes the processes and the forms, if any, that will be used to inform an individual who does so that signing this form does not guarantee that he or she will be determined to be entitled to the Family Care benefit, that he or she will still need to speak with an enrollment consultant before enrolling in a CMO if it turns out that he or she is entitled to the Family Care benefit, and that he or she is free to change his or her mind and not enroll in a CMO even though he or she signed an Enrollment Form if it turns out that he or she is entitled to the Family Care benefit.

- c) Describes the processes and the forms, if any, that will be used by the Aging and Disability Resource Center to help an individual gather the information and the documents that the individual will need to give to the Economic Support Unit in order that this unit can determine the individual's eligibility for and entitlement to the Family Care benefit.
  - d) Describes the processes and the forms, if any, that will be used to refer an individual from any one of the three entities, that is, the Aging and Disability Resource Center, the Economic Support Unit, and the CMO, to either one or both of the other two entities and to share relevant information about the individual between and among these three entities, including, but not limited to, information about the individual's level of care according to the functional screen, information about the individual's financial eligibility for the Family Care benefit, information about the individual's medical and remedial expenses that could affect either the individual's financial eligibility for the Family Care benefit or his or her cost share for this benefit, and information about the individual's entitlement to this benefit.
  - e) Indicates whether the Aging and Disability Resource Center will rely on notices generated by the CARES system to notify an individual that he or she is or is not eligible for and entitled to the Family Care benefit or whether the Aging and Disability Resource Center will also give or send to the individual a separate letter so notifying the individual.
  - f) Describes how any necessary waiting lists for individuals who are eligible for but not entitled to the Family Care benefit shall be maintained consistent with guidelines issued by the Department.
  - g) Describes any delayed enrollment plans that will be implemented during the period prior to full entitlement to the Family Care benefit.
  - h) Specifies either that the staff members of the Economic Support Unit who have any role in determining an individual's financial eligibility or cost share for, or entitlement to, the Family Care benefit shall be located in the same office where the Aging and Disability Resource Center is located or that the Aging and Disability Resource Center and the Economic Support Unit shall work together to find a way to make it as easy as possible for the individual to deal with both the Aging and Disability Resource Center and the Economic Support Unit.
- ii. An enrollment plan that is developed jointly with the Economic Support Unit, the CMO, and the enrollment consultant and that:
- a) Specifies that the Aging and Disability Resource Center and the CMO will work together to develop an Enrollment Form that must be completed in



order for an individual to enroll in the CMO and that must include the following:

- An indication of the effective date of enrollment for the individual.
  - An indication of the individual's level of care according to the functional screen.
  - A statement, signed and dated by the individual, that authorizes the disclosure and exchange of information concerning the individual between the CMO and state and federal oversight agencies or their authorized representatives, including service utilization and cost information.
  - A statement, signed and dated by the enrollment consultant, that includes language to the effect that the enrollment consultant provided enrollment consulting to the individual on such-and-such a date and can state on the basis of that consulting that the individual wants to enroll in the CMO.
- b) Takes into account the requirement that an individual needs to speak with an enrollment consultant before enrolling in a CMO but also takes into account the individual's right to decide when and where to have enrollment consulting and whether to have it an in-person meeting with the enrollment consultant or in a telephone conversation.
- c) Specifies that an individual who has applied for the Family Care benefit will be informed that he or she will need to speak with an enrollment consultant in the event that he or she is found to be eligible for and entitled to the Family Care benefit and wants to enroll in a CMO and indicates how and when he or she will be so informed.
- d) Specifies that the enrollment consultant will be notified of the name, contact address, and contact telephone number of any individual who is entitled to the Family Care benefit, indicates whether the enrollment consultant will be so notified by the Aging and Disability Resource Center or the Economic Support Unit, and describes the processes and the forms, if any, that will be used to so notify the enrollment consultant.
- e) Specifies that at a minimum information indicating both the functional screen level of care of an individual who is entitled to the Family Care benefit and the individual's cost share, if any, for this benefit, as well as information summarizing what the individual has said about his or her needs with respect to his or her long-term health care and what questions he or she has asked with respect to enrolling in a CMO will be shared with the enrollment consultant before he or she provides enrollment consulting

to the individual and describes the processes and the forms, if any, that will be used to communicate this information to the enrollment consultant.

- f) Specifies that in the event that an individual has already signed an Enrollment Form before his or her entitlement to the Family Care benefit is determined, this signed Enrollment Form shall be given or sent to the enrollment consultant by the Aging and Disability Resource Center or the Economic Support Unit before the enrollment consultant provides enrollment consulting to the individual, indicates whether this signed Enrollment Form will be given or sent to the enrollment consultant by the Aging and Disability Resource Center or the Economic Support Unit, and describes the processes that will be used to give or send this signed Enrollment Form to the enrollment consultant.
- g) Specifies that the Aging and Disability Resource Center and/or the Economic Support Unit shall help an individual who is entitled to the Family Care benefit and the enrollment consultant make arrangements to set up an appointment for enrollment consulting and describes the processes and forms, if any, that will be used to so help the individual and the enrollment consultant, including any processes and forms that will be used to make these arrangements before it is known definitively whether the individual is entitled to the Family Care benefit so that enrollment consulting can take place as soon as possible after it is known that the individual is entitled to the Family Care benefit.
- h) Specifies to whom at the Aging and Disability Resource Center, the Economic Support Unit, and the CMO the enrollment consultant should direct any questions that he or she has while or with respect to providing enrollment consulting to an individual concerning the individual's health care needs, functional eligibility, financial situation, financial eligibility, and the sort of care and services provided by the CMO.
- i) Specifies whether the Aging and Disability Resource Center or the enrollment consultant will work with the individual and the CMO in order to set an effective date of enrollment in the CMO for the individual that is agreeable to the individual, describes the processes and the forms, if any, that will be used to set an effective date of enrollment, and indicates:
  - That the effective date of enrollment for an individual who is not receiving urgent services pursuant to the sort of agreement between the Aging and Disability Resource Center and the CMO may not be earlier than the date on which the CMO is first informed that the individual has been enrolled in the CMO; and
  - That the effective date of enrollment for an individual who has been receiving urgent services pursuant to the sort of agreement between the

Aging and Disability Resource Center and the CMO who has been determined to be entitled to the Family Care benefit will be the date on which the CMO first began providing urgent services for the individual up to a maximum of ninety (90) calendar days of serving the person while eligibility was pending.

- j) Specifies that an individual who has received enrollment consulting shall be enrolled in the CMO by one of the following two methods:
  - By having the enrollment consultant give or send to the Economic Support Unit the information necessary for it to enroll the individual in the CMO.
  - By having the enrollment consultant refer the individual back to the Aging and Disability Resource Center so that the Aging and Disability Resource Center may, if necessary, set the effective date of enrollment for the individual and otherwise complete the Enrollment Form and may give or send to the Economic Support Unit the information necessary for it to enroll the individual in the CMO.
- k) Indicates which of the two methods referred to in Subparagraph j of this paragraph shall be used to enroll an individual who has received enrollment counseling in the CMO, and describes the processes and forms, if any, other than the Enrollment Form, that will be used to make this method work successfully.
- l) Specifies that no matter which of the two methods referred to in Subparagraph j of this paragraph is used to enroll an individual who has received enrollment counseling in the CMO, the original of the Enrollment Form properly signed and dated by the individual and by the enrollment consultant will be given or sent to the Aging and Disability Resource Center or Economic Support Unit:
  - By the enrollment consultant if the enrollment consultant gives or sends to the Economic Support Unit the information necessary for it to enroll the individual in the CMO; and
  - By the Aging and Disability Resource Center if the Aging and Disability Resource Center gives or sends to the Economic Support Unit the information necessary for it to enroll the individual in the CMO.
- m) Describes the processes and forms, if any, that will be used to ensure that an individual for whom an Enrollment Form has been submitted to the CMO is actually enrolled in the CMO and is receiving care and services from the CMO.

- n) Describes the processes and forms, if any, that will be used to disenroll from a CMO both those individual enrollees who voluntarily disenroll from the CMO and those who become ineligible for the Family Care benefit.
  - o) Specifies either that the enrollment consultant will be located in the same office where the Aging and Disability Resource Center is located or that the Aging and Disability Resource Center and the enrollment consultant will work together to find a way to make it as easy as possible for the individual to deal with both the Aging and Disability Resource Center and the enrollment consultant.
- iii. An agreement regarding referral for urgent services. The Aging and Disability Resource Center shall have an MOU or other written agreement with the CMO that describes the circumstances in which the CMO will provide services to an individual who is functionally eligible for the Family Care benefit but whose financial eligibility is pending, and that includes a process for the Aging and Disability Resource Center to inform the individual that if the individual is determined not to be eligible, the individual will be liable for the cost of services provided by the CMO.
- iv. An eligibility and entitlement redetermination plan that is developed jointly with the Economic Support Unit and the CMO and that specifies the roles of the Aging and Disability Resource Center, the Economic Support Unit, and the CMO in redetermining annually the functional eligibility, financial eligibility, and cost share for, and entitlement to, the Family Care benefit of an individual who is enrolled in the CMO and describes the processes and the forms, if any, that will be used to coordinate the annual redetermination of an individual enrollee's functional eligibility for the Family Care benefit with the redetermination of the individual enrollee's financial eligibility for this benefit so as to minimize inconvenience to the individual enrollee.
- e. Deadlines for Submission and Approval of Plan  
The Aging and Disability Resource Center and the Department shall observe the following deadlines for the submission and approval of the Family Care access plan.
  - i. The Aging and Disability Resource Center shall submit its Family Care Access plan to the Department no later than January 31, 2006.
  - ii. No later than forty (40) calendar days after the Aging and Disability Resource Center submits the plan, the Department shall review it and shall notify the Aging and Disability Resource Center whether it approves it in whole or in part. If and when the Department notifies the Aging and Disability Resource Center that it approves the plan in part, it shall also notify the Aging and

Disability Resource Center of the ways in which the Aging and Disability Resource Center needs to change the plan to make it comply with the requirements of this contract.

- iii In the event that the Department does notify the Aging and Disability Resource Center that the Aging and Disability Resource Center needs to change the plan to make it comply with the requirements of this contract, the Aging and Disability Resource Center shall resubmit the plan with the requested changes to the Department no later than fifteen (15) calendar days after being notified by the Department of the need to change the plan. The Department shall notify the Aging and Disability Resource Center whether it approves the plan with the requested changes no later than fifteen (15) calendar days after receiving the plan with the requested changes.

## *2. Approval of Material Referring to the Family Care Benefit*

### *a. Submission of Material to Department Required*

The Aging and Disability Resource Center shall submit to the Department for review and approval any informational or promotional material developed by it that refers to the Family Care benefit and/or to care management organizations before the Aging and Disability Resource Center distributes this material. The Department shall review such informational and promotional material no later than ten (10) calendar days after the date on which it receives this material. Such informational and promotional material is deemed approved if there is no response from the Department within fifteen (15) calendar days of the date on which the Aging and Disability Resource Center sent this material to the Department; however, problems and errors in this material subsequently identified by the Department must be corrected by the Aging and Disability Resource Center when they are identified.

### *b. Submission of Material Not Required for Material Already Submitted*

Notwithstanding Subsection 1 immediately above, the Aging and Disability Resource Center need not submit to the Department for review and approval any informational or promotional material developed by it when this material consists of wording and/or images used in other informational or promotional material that has previously been approved by the Department.

### *c. Review of Material by Local Long-Term Care Council*

Any informational or promotional material developed by the Aging and Disability Resource Center that refers to the Family Care benefit and/or to care management organizations must be reviewed by the local Long-Term Care Council to assure that such material is understandable to and readable by the average individual.

3. *Referrals to the County Economic Support Unit*

The Aging and Disability Resource Center shall refer to the county economic support unit individuals who indicate that they are or might be interested in learning whether they are financially eligible for the Family Care benefit, Medicaid, home or community-based waivers, food stamps, or any other publicly subsidized benefit, program, or service.

4. *Referral for Urgent Services*

a. Performance Goal

People who are functionally eligible for Family Care and need urgent services receive appropriate care while their financial eligibility determination is pending.

b. Referring Individual to Care Management Organization

The Aging and Disability Resource Center shall refer individuals who are functionally eligible but whose financial eligibility is pending, to the CMO for urgent services when the individual's need for services is urgent and shall make this referral in accordance with the agreement regarding referral for urgent services contained in the Family Care Access Plan required by Article II.F of Exhibit I-A. When making such a referral, the Aging and Disability Resource Center shall inform the individual that if the individual is determined not to be financially eligible for the Family Care benefit, the individual will be liable for the cost of services provided by the CMO. If the person is determined to be financially eligible for the Family Care benefit, the Aging and Disability Resource Center shall complete the remaining steps in the enrollment process and shall set the date of enrollment as the date on which the CMO first provided services to the individual but not before the date of financial eligibility or the Medicaid certification date, whichever is later.

5. *Disenrollment from a Care Management Organization*

a. Performance Goal

People receive long-term care options counseling before they disenroll from the CMO.

b. Voluntary Disenrollment

- i. The Aging and Disability Resource Center and/or the CMO shall develop a form that shall be used when an individual voluntarily disenrolls from the CMO.
- ii. The Aging and Disability Resource Center may be notified of pending voluntary disenrollments either by the CMO or by the member. If the Aging and Disability Resource Center is notified by the CMO, it shall, if necessary and appropriate to do so, contact the CMO as soon as possible in order to

learn the circumstances surrounding the member's decision to disenroll voluntarily. The Aging and Disability Resource Center shall contact CMO members and guardians, where applicable, considering voluntary disenrollments within two (2) business days of being notified by the member or guardian or within two (2) business days of learning from the CMO the circumstances surrounding the member's decision to disenroll voluntarily, and shall arrange a meeting within five (5) business days after the initial contact. The five (5) business days may be extended if requested by the CMO member. The member has the option to replace the meeting with a telephone contact to satisfy the requirements of this subsection, in which case the Aging and Disability Resource Center may mail the person the CMO Disenrollment Form for signature.

- iii. In the meeting or telephone contact with the CMO member, the Aging and Disability Resource Center shall: 1) review the reason for disenrollment; 2) ask the person if he/she was in the process of a complaint or grievance; 3) inform the person of the options available to resolve any issues between the CMO member and the CMO; 4) review the CMO member's options regarding services and programs if he/she chooses to disenroll; and 5) jointly determine an effective date of disenrollment.
- iv. If the CMO member indicates a desire to disenroll during or after the meeting or the telephone contact, the Aging and Disability Resource Center shall review, complete (including filling in the effective date of disenrollment) and obtain the person's signature on the CMO Disenrollment Form. In the case of a telephone contact, the form shall be sent to the person.
- v. The Aging and Disability Resource Center shall notify the county economic support unit and the CMO of the disenrollment and the effective date of the disenrollment on the day the CMO Disenrollment Form is signed. If the signed CMO Disenrollment Form is sent to the Aging and Disability Resource Center, the Aging and Disability Resource Center shall notify the county economic support unit and the CMO the day the signed CMO Disenrollment Form is received in the mail.
- vi. The Aging and Disability Resource Center shall, within one (1) business day of the date on which it obtains or receives a CMO Disenrollment Form signed by an individual who is voluntarily disenrolling from a CMO, send a copy of the signed form to the CMO and a copy to the county economic support unit so that this unit can process the disenrollment data.

c. Involuntary Disenrollment

- i. When the Aging and Disability Resource Center receives notice that a request to involuntarily disenroll a member has been made by the CMO, the Aging and Disability Resource Center shall, if necessary and appropriate to do so,

contact the CMO as soon as possible in order to learn the circumstances surrounding the request and shall contact the member and his or her guardian, if applicable, within two (2) business days after learning the circumstances surrounding the request to offer its services and to schedule a meeting. If the person agrees to meet, the Aging and Disability Resource Center shall arrange a meeting with the CMO member, either in person or by telephone, within five (5) business days after the initial contact. The five (5) business days may be extended if requested by the CMO member.

- ii. In the meeting or telephone contact with the CMO member, the Aging and Disability Resource Center shall:
  - a) Ask the person if he/she were in the process of a complaint or grievance;
  - b) Inform the person about the right to grieve the involuntary disenrollment decision in the event that the Department approves the involuntary disenrollment;
  - c) Inform the person about advocacy resources available to assist the person with such a grievance;
  - d) Review his/her options regarding services and programs if the involuntary disenrollment occurs; and
  - e) If the involuntary disenrollment occurs, the Aging and Disability Resource Center shall offer to assist the person in accessing long-term care services for which he/she is eligible.
- iii. The Aging and Disability Resource Center shall, within (1) business day of the date on which it is notified that the Department has approved the involuntary disenrollment of an individual, send a copy of the CMO disenrollment form to the CMO and a copy to the county economic support unit so that this unit can process the disenrollment data.
- d. Discrimination Prohibited  
The Aging and Disability Resource Center may not discriminate in disenrollment activities between individuals on the basis of their life situation, condition, or need for long-term care or health services.

#### **G. Access to Mental Health and Substance Abuse Services**

No additional requirements apply.



#### **H. Access to Other Public Programs and Services**

No additional requirements apply.

#### **I. Short Term Care Coordination**

The Aging and Disability Resource Center shall manage, as directed by the Department, any waiting lists that become necessary under HFS.23(2) or (3).

#### **J. Emergency Response**

The Aging and Disability Resource Center shall assure that emergency calls to the ADRC are received 24 hours a day, seven days a week, responded to promptly and that people are connected promptly with the appropriate providers of emergency services.

#### **K. Elder Abuse and Adult Protective Services**

No additional requirements apply.

#### **L. Transitional Services**

No additional requirements apply.

#### **M. Prevention and Early Intervention Services**

No additional requirements apply.

#### **N. Client Advocacy**

No additional requirements apply.

#### **O. Community Needs Assessment**

No additional requirements apply.

### **III. ORGANIZATIONAL AND PROCEDURAL STANDARDS**

#### **A. Aging and Disability Resource Center Name**

No additional requirements apply.

## **B. Governing Board**

1. No member of the governing board may have any direct or indirect financial interest in a care management organization.
2. The governing board of the Aging and Disability Resource Center shall approve and effectively operate a process for reviewing and resolving client grievances and appeals. The board may delegate, in writing, its responsibility for review of appeals and resolution of grievances to a committee of the Aging and Disability Resource Center's senior management, provided the process ensures that the board is made aware of grievances and requests for department review and fair hearings.

## **C. Organization Chart and Staffing Plan**

The Aging and Disability Resource Center shall meet state and federal requirements for organizational independence from any care management organization.

## **D. Staff Qualifications**

See requirements for staff performing the long-term care functional screen contained in Article II.C.7 of Exhibit I-A.

## **E. Cultural Competence and Diversity**

No additional requirements apply.

## **F. Accommodation and Accessibility**

No additional requirements apply.

## **G. Complaints and Grievances**

### *1. Complaint and Grievance Plan*

The Aging and Disability Resource Center shall develop and implement a Department-approved plan indicating what due process procedures the Aging and Disability Resource Center will use to review and resolve complaints. If the Aging and Disability Resource Center has developed and implemented a Department approved complaint and grievance plan pursuant to a requirement of a contract it had with the Department prior to this contract, the Aging and Disability Resource Center shall update this plan as appropriate and submit it to the Department for approval.

### *2. Requirements for Plan*

The complaint and grievance plan shall be consistent with applicable federal and state statutes and administrative rules and shall provide, at a minimum, mechanisms for:

- a. Informal internal complaint and grievance resolution within ten (10) business days of the time the complaint or grievance is received;
- b. Formal internal complaint and grievance resolution within fifteen (15) business days of the time the complaint or grievance is received which includes resolution by the Aging and Disability Resource Center 's top level management;
- c. Access to formal external complaint and grievance resolution through the Department for any grievance before, during or after the use of the Aging and Disability Resource Center 's internal process:
  - MetaStar, Inc, the Family Care external quality review organization shall act as the designated agent for DHFS. To file a grievance or appeal with DHFS, the member may contact the Family Care Grievance hotline either by writing, calling or e-mailing:

DHFS Family Care Grievances  
 c/o MetaStar, Inc.  
 2909 Landmark Place  
 Madison, WI 53713  
 Phone: (888) 203-8338 (HOTLINE)  
 Fax: (608) 274-8340  
 E-Mail: famcare@dhfs.state.wi.us

- The member or the provider may file an appeal either orally or in writing, and unless he or she requests expedited resolution, must follow an oral filing with a written, signed, appeal.
- The member may file a request for fair hearing in writing with the Division of Hearing and Appeals in the Department of Administration.

Family Care Request for Fair Hearing  
 c/o DOA Division of Hearings and Appeals  
 PO Box 7875  
 Madison, WI 53707-7875  
 Phone: (608) 266-3096  
           (608) 264-9853 (TTY)  
 Fax: (608) 264-9885

## **H. Quality Assurance/Quality Improvement Process**

The Aging and Disability Resource Center shall initiate at least one focused quality improvement project per year. This project shall be aimed at improving Aging and

Disability Resource Center quality in an area identified through its quality assurance and quality improvement process.

**I. Access to and Confidentiality of Records**

No additional requirements apply.

**J. Reporting and Records**

No additional requirements apply.

**K. Performance of Services**

No additional requirements apply.

**L. Special Requirements for Multi-County Aging and Disability Resource Centers**

No additional requirements apply.

**IV. CONTRACT MANAGEMENT**

**A. Service Delivery Plan**

No additional requirements apply.

**B. Budget**

No additional requirements apply.

**C. Performance of Contract Terms During Dispute Resolution**

No additional requirements apply.

## APPENDIX A: Definitions

**Care Management Organization (CMO)** – The organization which manages and delivers the Family Care benefit.

**Contract** – The collected documents describing the agreement between the Department and the Aging and Disability Resource Center, said documents including the body of the contract, contract interpretation bulletins, the appendices of this contract and other documents referenced herein.

**Costs** – The actual costs that meet the Department's Allowable Cost Policy Manual and the federal allowable cost policies that are incurred by the Aging and Disability Resource Center within the contract period to provide the services under this contract.

**Effective date** – The date upon which the Aging and Disability Resource Center is responsible to begin providing services under this contract.

**Effective term** – The period of time during which the Aging and Disability Resource Center is responsible to provide services under this contract.

**Emergency** – Any situation which poses an imminent danger to self or others.

**Family Care benefit** – Financial assistance for long-term care and support items for an enrollee of a Care Management Organization.

**Functional screen** – The latest version of the Wisconsin Long-Term Care Functional Screen created and/or prescribed by the Department for use in determining an individual's functional eligibility for the Family Care benefit under s. 46.286(1)(a) and (1m) of the Wisconsin State Statutes.

**Medically unstable condition** – A medical condition which prevents health care professionals from being able to accurately predict a person's long-term care needs.

**Pre-admission consultation** – Provision of long-term care options counseling and the functional screen to persons referred to the Aging and Disability Resource Center by a hospital or long-term care facility.

**Service area** – The geographic area in which the Aging and Disability Resource Center provides services, if the Aging and Disability Resource Center provides services in more than one (1) county under this contract.

**Urgent needs** – While not immediately life-threatening, urgent needs are those where a lack of response within forty-eight hours would cause significant pain, place the person at serious risk of harm, or create or significantly increase a person's risk of unnecessary hospitalization or institutionalization.